

FEE TRANSMITTAL

Application Number 10/672,680
Filing Date September 26, 2003
Inventor(s) John S. Ng et al.
Examiner Name Barbara P. Badio
Attorney Docket Number PHA 4200.1

Art Unit
Confirmation No. 9809

[] Applicant claims small entity status.

METHOD OF PAYMENT

- [X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- [] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ ____
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ ____
Multiple Dependent Claims Fee \$ ____
(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. [] APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ ____
(Application + Drawings) (round up to whole #)

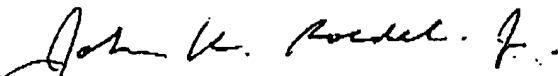
Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

[X] one month extension of time
[] Information disclosure statement
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[] Other: _____

Subtotal (4) \$120.00

TOTAL AMOUNT OF PAYMENT \$120.00



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Date _____

JKR/cwa